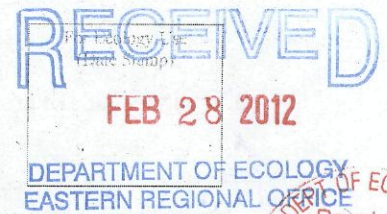




Water Resources Program **Application for Change/Transfer of Water Right**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
 IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 03-16-2012
 CHECK NO. 3056 FEE \$ 50.00
 DATE ACCEPTED 04-11-2012 BY 3
 CHANGE NO. C63-21195C
 COUNTY OKAN WRIA 49
 SPECIAL AREA _____
 SEPA: ☐ EXEMPT ☐ NOT EXEMPT
 EGY CODING: 001-002-WR10285-000011
 APP NO. _____ PERMIT NO. _____
 CERT NO. _____ CERT OF CHG NO. _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information

| | | |
|--|----------------------------------|----------------------------|
| APPLICANT/BUSINESS NAME <u>River Road MHP</u> | PHONE NO. <u>509-486-0507</u> | FAX NO. <u>486-0535</u> |
| ADDRESS <u>P.O. Box 1680</u> | | |
| CITY <u>Tonasket</u> | STATE <u>WA</u> | ZIP CODE <u>98855</u> |

| | | |
|--|------------------------------|----------------------------|
| CONTACT (IF DIFFERENT FROM ABOVE) <u>Tami Tatom</u> | PHONE NO. <u>429-1992</u> | FAX NO. <u>486-0535</u> |
| ADDRESS <u>P.O. Box 12</u> | | |
| CITY <u>Tonasket</u> | STATE <u>WA</u> | ZIP CODE <u>98855</u> |

| | | |
|---|----------------------------------|--------------------------------|
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Fair Living Trust</u> | PHONE NO. <u>209-996-3859</u> | FAX NO. <u>775-884-9525</u> |
| ADDRESS <u>P.O. Box 652</u> | | |
| CITY <u>Carson City,</u> | STATE <u>NV</u> | ZIP CODE <u>89702</u> |

2. Water Right Information

| | |
|--|---|
| WATER RIGHT OR CLAIM NUMBER <u>G3-21195C</u> | RECORDED NAME(S) <u>John W Oakes</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____ | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

63-21195CWR15

C63-21195C

03-16-2012
FEE PAID

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | 1/4 | 1/4 | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------|-----|-----|-----|------|------|------|------------|------------|
| Well #1 | 1 | NW | NE | 20 | 37 | 27 | 3727200038 | AGT 218 |

B. Proposed

| SOURCE | NO. | 1/4 | 1/4 | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------|-----|-----|-----|------|------|------|------------|------------|
| Well #2 | *2 | NE | NE | 20 | 37 | 27 | 8902000000 | BCA 933 |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------------|------------|------------|---------------------|
| 53 domestic hook-ups | 30 gpm | 26.5 | throughout the year |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------------|
| municipal | 30 gpm | 26.5 | throughout the year |

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Tax 38 PT NW NE & Lot L 4/RD

| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|-----|-----|------|------|------|----------|------------|------------|
| NW | NE | 20 | 37 | 27 | Okanogan | 3727200038 | 2.08 |

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

PT Lot 2 (SE SE) Sec 17, PT Lot 6 & NW NE Sec 20

| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|-----|-----|------|------|------|----------|------------|------------|
| NE | NE | | | | Okanogan | 8902000000 | 12.68 |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------|-----|----|----|------|------|------|------------|------------|
| Well #1 | 1 | NW | NE | 20 | 37 | 27 | 3727200038 | AGT 218 |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------|-----|----|----|------|------|------|------------|------------|
| Well #2 | 2 | NE | NE | 20 | 37 | 27 | 8902000000 | BCA 933 |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------------|------------|------------|---------------------|
| 53 domestic hook-ups | 30 gpm | 26.5 | throughout the year |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------------|
| municipal | 30 gpm | 26.5 | throughout the year |

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Tax 38 PT NW NE ¼ Lot 6 1/4 RD

| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|----|----|------|------|------|----------|------------|------------|
| NW | NE | 20 | 37 | 27 | Okanagan | 3727200038 | 2.08 |

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

PT Lot 2 (SE SE) Sec 17, PT Lot 6 & NW NE Sec 20

| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|----|----|------|------|------|----------|------------|------------|
| NE | NE | | | | Okanagan | 8902000000 | 12.68 |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

| | | |
|--|--|--------------------------|
| <u>River Road Mobile Home Park</u> Applicant Printed Name - Title | <u>Tamir L. Taton</u> Applicant Signature | <u>2/22/12</u> (Date) |
| <u>River Road Mobile Home Park</u> Water Right Holder Printed Name | <u>Tamir L. Taton</u> Water Right Holder Signature | <u>2/22/12</u> (Date) |
| <u>Fant Living Trust</u> Land Owner of Existing Place of Use Printed Name | <u>Tamir L. Taton</u> Land Owner of Existing Place of Use Signature | <u>2/22/12</u> (Date) |
| <u>Fant Living Trust</u> Land Owner of Proposed Place of Use Printed Name | <u>Tamir L. Taton</u> Land Owner of Proposed Place of Use Signature | <u>2/22/12</u> (Date) |

* see attached authorization

Please check the region in which the project is located:

| | | |
|--|---|--|
| *Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611 | <input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490 | <input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400 |
| | <input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000 | <input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300 |

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|---|---|------|------|------|----------|------------|
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DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Purpose(s) of Use - ☐ Existing ☐ Proposed:

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
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Place of Use - ☐ Existing ☐ Proposed:

| | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|
| LEGAL DESCRIPTION OF LANDS | | | | | | | |
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| | | | | | | | |

| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|---|---|------|------|------|--------|----------|------------|
| | | | | | | | |

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____